

to the legal officers, he would place himself in a false position in several ways; as, for instance, he thus virtually undertakes to vouch to the prosecuting officer that no one of those minute and technical points has been omitted in collecting the evidence, which, although without weight in the formation of his own belief, might be just the connecting link to bind the whole testimony together. In the investigation of every case of this kind, there are certain little particulars liable to be overlooked, because without influence in the formation of our own belief; and yet which may be of the utmost importance in giving that certainty to the testimony as to render it convincing to twelve jurors, which certainty the accused has a right to demand; and an oversight of this kind, thus actually defeating the ends of justice, might very much injure the reputation of a medical man. In a word, by careful proceeding under these circumstances, the physician places a responsibility, which in truth does not belong to him, upon the shoulders which should assume it, viz., those of the legal officer, and makes himself simply a witness in the case. If such a course as this had been followed in several cases to which allusion might be made, much unpleasant bickering and recrimination might have been spared.

The substance of the above has been suggested by views brought under my notice lately, both in public and private, and it has seemed to me to have a certain amount of importance. A lawyer of some distinction, in commenting to me upon the very improved character of the medical testimony given within the last few years, regretted at the same time the jealous suspicions that often appeared to influence physicians when on the stand; and said that, having had occasion often to question medical men, he always approached it with some fear, lest his questions might betray his ignorance; and always with the knowledge that any attempt of oppression on his part could never be successful, provided the witness used a very little care and circumspection in his replies. A medical witness will, therefore, most assuredly appear the better upon the stand if he consider himself there not as a professional man set apart from the rest of society, but as about to fulfil a duty which is incumbent upon him as a citizen; and that the same conduct which gains him credit elsewhere will insure it there. I have desired to disabuse the minds of my medical brethren of what I conceive to be an error—and I believe that, if I am right, more service will be done than by a bigoted fostering of prejudices which here, as everywhere else, are the parents of much evil.

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ART. IX.—*A Case of Ossification of the Placenta, occurring several times in the same Individual.* By CHARLES GARRISON, M. D., Swedeshor', New Jersey.

MOST of our writers on obstetrics have treated at some length on the subject of retention of the placenta, its causes and effects; but I have not been

able to find in any of them a satisfactory account of that form of retention which is caused by ossification of the uterine surface of the placenta. It is, however, eminently deserving our attention, both from the interest which attaches to the questions relating to the reasons and mode of its production, and from the formidable nature of the difficulties and dangers to which it may give rise in actual practice. These latter are well illustrated in the following case, which, although constituting my entire experience on this point, has, nevertheless, been so peculiar in some of its features, that it may serve to add a little to our yet small stock of information upon this subject.

On the 25th of October, 1835, I was called to attend Mrs. J. H., in her second confinement. She stated to me that, in her first labour, which had occurred some three years previously, there had been great difficulty, particularly with the placenta; that the physician in attendance had been obliged to send to Philadelphia for Dr. Meigs, who ultimately delivered it, though with great pain to her and apparent difficulty to himself, and not till after the occurrence of considerable hemorrhage. What had been the nature of the obstacle she did not know.

On examination, I found the presentation favourable, and the labour natural; the child was rapidly pushed down, and in about four hours the delivery was accomplished. After the birth of the child, I applied my hand to the abdomen, and felt the uterus strongly contracted into a ball of the ordinary size, and began to think that, whatever untoward accident might have complicated the former labour, there was not likely to be any trouble with this. But in about ten minutes there was a tremendous gush of blood, which was quickly followed by another quite as large as the first, the result of which was great and almost fatal prostration; the pulsations at the wrist were scarcely felt, the face became pale, the hands cold, and the respiration sighing; she grew sick and vomited, complained of being very cold, pushed down the bed-clothes, gasped for breath, and in a very short time after the last discharge was in a profound syncope. In the mean time, I had poured a pitcher of iced water, which was previously prepared, over the abdomen, and introduced my hand into the uterus, quickly and without any obstacle, as the hemorrhage had produced complete relaxation of both the uterus and the external parts; but on reaching the placenta, and attempting to introduce my fingers between it and the uterus, for the purpose of effecting its detachment, I found it impossible to do so, as the union between them seemed perfectly firm and unyielding. After a moment's consideration, I determined to make a separation at all hazards, if it was possible, as death was inevitable if the placenta should be long retained. I began the operation slowly and cautiously, as the separation could only be accomplished by actually tearing or scratching the placenta from the surface of the womb, which could not be done except by the exertion of considerable force, more than it seemed possible that she could survive; and it was accompanied by a kind of crackling noise, which was heard distinctly both by myself and the attendants at the bedside. I soon found that I must hasten the delivery, or the patient would die before it was effected, and, letting go the cord, I placed my hand over the outside of the uterus, and, as rapidly as I was able, proceeded to loosen the placenta from its attachments. In this manner I succeeded in separating the whole mass, though in detached portions, which, together with my hand, were soon expelled by a smart contraction of the uterus. But although I had succeeded in removing the placenta, I still felt extremely anxious about the patient; she was yet in

a state of complete unconsciousness. I gave her a *large* dose of opium, applied ice to the abdomen, and kept up frictions over the outside of the uterus till it was firmly contracted and all hemorrhage had ceased. She roused up for a moment, but the syncope immediately returned, and it was a considerable length of time before she showed any persistent signs of reviving animation.

On examining the placenta, I found all that surface of it which came in contact with the uterus in a state of ossification; it presented, through a common pocket glass, a kind of cellular arrangement, similar in appearance to what might be produced by sticking the whole surface full of the husks of wheat which had been broken in two, leaving the broken edge of the husk turned outward. It was undoubtedly the separation of this bony matter which gave rise to the crackling noise which had been heard during the process of delivery. I could reproduce the same sound in the placenta after it was expelled; it crackled in my fingers like frozen grass or ground. I had never upon any previous occasion been compelled to use an equal degree of force in the delivery of the placenta, and I felt very doubtful as to what might be the issue of it; the utmost strength of my fingers was barely able to break up this bony union.

Since this time I have attended Mrs. H. in *five confinements*, and in all but one there was a similar condition of the after-birth, accompanied by similar phenomena of excessive flooding and great difficulty of separating the bony surfaces of the uterus and placenta. In that one, her fourth labour, I did not reach her till the child had been delivered by a midwife, who, in her zeal to complete the labour before my arrival, by removing the after-birth, had pulled so hard upon the cord that she had torn it quite away, leaving the placenta still within the womb; but in this instance there was *not any hemorrhage*, which led me to hope that it was merely a case of ordinary retention, without any formation of ossific matter, and on the introduction of my hand, I was pleased to find that my conjecture had been right. The placenta was easily detached and soon expelled; had there been the same difficulties here as in all the other labours through which I attended her, she must, in all probability, have lost her life before she could have been delivered.

Her last labour occurred about two years since, accompanied with the same circumstances as had characterized the other instances in which bony adhesions had taken place. I did not reach her until after the birth of the child, and, although the placenta was delivered as quickly as was possible in so difficult a case, yet the amount of hemorrhage had been such before my arrival, that for many hours I altogether despaired of her recovery from the terrible syncope which it had induced; but, under the use of large and repeated doses of opium, she at length revived, and soon regained her usual amount of strength.

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ART. X.—*A Case of Poisoning with Oil of Tansy—Death at the end of three hours and a-half—Quantity of the Drug taken about 5j and 5iij.*

By JOHN C. DALTON, Jr., M. D. (Read to the Boston Society for Medical Observation, June 2d, 1851.)

E. S., a fine, healthy-looking girl, about twenty-one years of age, died at the house of Mr. A. in Boston, on Wednesday, the 7th of May, 1851. She